

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Square D Company  
c/o Its Registered Agent,  
CT Corporation Systems  
208 South LaSalle Street, Suite 814  
Chicago, IL 60607

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ AddresseeB. Received by *(Printed Name)*

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

CT SOP DEPT

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

## 4. Restricted Delivery? (Extra Fee)

☐ Yes

## 2. Article Number

7003 1010 0000 1424 2748

(Transfer from service label)